

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>WJ</i>	<i>008701</i>	<i>8/31</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>9-8-00</i>
FORMALITY REVIEW		<i>20611</i>	<i>10/16/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

09/643,921

✓ Rejected
○ Allowed
- (Through numeral) Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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27	✓	✓	
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42	✓	✓	
43	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
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57	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
108	✓	✓	
109	✓	✓	
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142	✓	✓	
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147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

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